<table>
<tr><td colspan="2">CLAIMS ONLY</td><td>Application Number
167567</td><td>Filing Date</td></tr>
<tr><td colspan="2"></td><td>Applicant(s)</td><td></td></tr>
</table>

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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49						
50						
Total Indep			3			
Total Depend			22			
Total Claims			25			

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						